

# AIRCRAFT SURVEY RECORD

THIS IS NOT A PUBLIC DOCUMENT

OWNER'S NAME AND ADDRESS  
(Please make corrections if necessary)



**TOM J. BORDONARO, JR., COUNTY ASSESSOR**

COUNTY GOVERNMENT CENTER, ROOM 100

SAN LUIS OBISPO, CA 93408-2070

(805)781-5643 FAX: (805) 781-5641

*This demand is made in accordance with Section 441 of the Revenue and Taxation Code. This statement must be completed in detail and filed with the San Luis Obispo County Assessor's Office on or before:*

**Important Notice:** Failure to complete and return this form within the prescribed time will result in an estimated assessed value, and a tax bill issued in your name for this aircraft.

**If this aircraft has been sold, traded or removed from San Luis Obispo County, please complete this section:**

SOLD TO: \_\_\_\_\_ SALE PRICE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ DATE OF SALE: \_\_\_\_\_  
NEW LOCATION: \_\_\_\_\_

**If you still own, control or possess this aircraft, please complete this section:**

LOCATION WHERE AIRCRAFT IS PRINCIPALLY KEPT: \_\_\_\_\_  
MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_ SERIAL NO.: \_\_\_\_\_  
IDENTIFICATION NO.: \_\_\_\_\_ TOTAL AIRFRAME HRS.: \_\_\_\_\_  
PURCHASE PRICE: \_\_\_\_\_ PURCHASE DATE: \_\_\_\_\_  
(Including sales tax)

Equipment:	Make	Model	Cost	Equipment:	Make	Model	Cost
Radio	_____	_____	_____	ADF	_____	_____	_____
Transponder	_____	_____	_____	DME	_____	_____	_____
Auto Pilot	_____	_____	_____	Other	_____	_____	_____

CONDITION OF AIRCRAFT: ☐ GOOD ☐ AVERAGE ☐ POOR If poor, describe in remarks.

Engine(s): NO. 1 MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_ HP: \_\_\_\_\_ TT SMOH: \_\_\_\_\_  
Engine(s): NO. 2 MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_ HP: \_\_\_\_\_ TT SMOH: \_\_\_\_\_

REMARKS: (Include all information you feel is pertinent to this assessment:) \_\_\_\_\_

*I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.*

PRINT NAME

DATE

SIGNATURE

TELEPHONE NO. (8:00 a.m. - 5:00 p.m.)

## ASSESSOR'S USE ONLY

V69 \_\_\_\_\_

APPR # \_\_\_\_\_ Date \_\_\_\_\_

Posted \_\_\_\_\_ Date \_\_\_\_\_

☐ 10% Penalty